Date

Parent Name
Parent Address
City, State, Zip

Re: Child's name

Dear Parent Name:

This letter is in response to your telephone referral to our program for Child's Name on Date.

Our program accepts referrals for children ages birth to three who demonstrate a developmental delay or have a diagnosed condition associated with developmental delay or disabilities. Children who qualify for our program without a diagnosed condition must be at a 50% delay (half-age) for a specific skill area.

During our conversation, we both agreed that Child's name current skill level does not reflect delays near the 50% range. Since there is no reason to suspect that Child's Name would be eligible for First Steps, we determined that no evaluation would be conducted at this time. If in the future you feel your child's skills do not progress or if your child begins to show regression in skills, please contact our office again to discuss making a referral. Record of your phone inquiry will be kept on file here at the First Steps office.

I have enclosed a document describing your parental rights under First Steps.

Please contact our office at Phone Number if you have any questions regarding the information in this letter. Thank you.

Sincerely,

Name
Service Coordinator

Cc: Inquiry file

MISSOURI FIRST STEPS EARLY INTERVENTION
INQUIRY FORM

COMPLETED BY:_____**DATE OF INQUIRY:**_____

CHILD'S INFORMATION:

Name: _____Date of Birth:_____ Gender: Male   Female
Ambiguous
Address:_____
Street/Apartment/Post Office Box Number
City/Town: _____ , MO   Zip Code: _____ County: _____

FAMILY INFORMATION:

Parent's Name: _____/_____/_____
Last   First   Middle
Relationship: _____
Address: _____
City/Town: _____ State: _____ Zip Code: _____
Home Phone:(____)_____ Work Phone: (____)_____

CALLER INFORMATION: (If other than parent)

Caller's Name: _____/_____/_____
Last   First   Middle
Relationship: _____
Address: _____
City/Town: _____ State: _____ Zip Code: _____
Home Phone:(____)_____ Work Phone: (____)_____

COMMENTS (Summary of phone call with parents and/or caller and reasons why referral was not pursued):
_____
_____
_____
_____
_____
_____

Decision:

_____**Information Request Only**

_____Resources Sent (if applicable)/Date_____

_____**Referral Discussed – Consensus not to Proceed**   _____**Referral Refused**

_____Letter Sent/Date_____   _____Notice of Action Sent/Date_____

_____Parental Rights Sent/Date_____   _____Parental Rights Sent/Date_____